PATENT APPLICAT FEE DETERMINATION RECORD

ve December 8, 2004

Application or Docket Number

10/538278

ı		CLAIMS AS FILED - PART I													10	
-	·		(C	olumn 1)	•	(Column 2)			SMALL EN		Y	c		OTHER THAN SMALL ENTITY		
U.S. NATIONAL STAGE FEES			S		\prod				RATE		FEE		Γ			_
В	ASIC FEE		SMALL	SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE			4		RATE	Fi	E
E	XAMINATION	FEE	Satisfies P	Satisfies PCT Article 33(1)-		All other situations =			 		•	\downarrow $^{\circ}$	R BASIC	FEE	50	_
	EARCH FEE		U.S. is ISA	(4) = \$50 / \$100 U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		\$ 100 / \$ 200			EXAM. FEE				EXAM	FEE	1	92
Ľ			ALL othe			All other situations = \$250 / \$500			SEARCH FE	E			SEAR	CH FEE	10	15
FE	E FOR EXTR	A SPEC. PGS.		minus 100 =		/ 50 =	\exists		X \$ 125		· ·	-	-	·	17	_
τc	TAL CHARGE	EABLE CLAIMS	21	$2/\min 20 = 1$		/		.			·	4	X \$	250 =	 	
INI	DEPENDENT	CLAIMS	1 2	— minus 3 = .				ŀ	X \$ 25 =	-		OF	₹ X\$	50 =	150)
		ENDENT CLAIM F	PECENT	minus 3 =	•				X \$ 100 :	=		OF	₹ X \$ 2	200 =		
_								·L	+ \$ 180 =	= .		OR	+\$3	360 =	1	ー う
•	i are dilicien	ce in column 1 i	s less than z	ero, enter "0"	'in c	n column 2			TOTAL			OR	TO	ΓAL	95	7
		CLAIMS AS	AMENDE	D - PART	11	,						•			<u> </u>	_
		(Column 3)			SMALL	FNTIT	~	OR			THAN					
AMENDMENT A		CLAIMS REMAINING		(Column HIGHE: NUMBE	ST	PRESENT	7	Γ		AD) 	SIVI	ALL E	NTITY	_
	Total	AFTER AMENDMENT		PREVIOU PAID FO	SLY	EXTRA			RATE	TIOI	VAL		RAT	ΓE	ADDI- TIONA FEE	-
		-	Minus	**		=			X \$ 25 =		\Box	OR	X\$5	0 =	-	1
	Independent		Minus	***		=	1	7	X \$ 100 =		\neg	OR	X \$ 20	00 =		┨
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						1	L	+ \$ 180 =	 	\dashv	OR	<u> </u>			$\frac{1}{2}$
							J	<u> </u>	TAL ADDIT.			OR OR	+ \$ 36			4
		•							FEE	L		OK	FEE			1
7		(Column 1)		(Column		(Column 3)										l
}		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA			RATE	ADD TION/ FEE	AL		RATE	T	ADDI- TIONAL	
	Fotal	*	Minus	**		=		×	\$ 25 =		\dashv	OR -	V ¢ 50	╬	FEE	
	ndependent	*	Minus	***					\$ 100 =			-	X \$ 50		_	
ſ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					$\neg \neg \neg$	ŀ				\dashv	⊢	X \$ 200			
							L		\$ 180 = AL ADDIT.			ᇉ	+ \$ 360			
									FEE .			R T	OTAL ADI	OIT.		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.